Case 19-30386-CMG Doc 83 Filed 10/14/22 Entered 10/14/22 12:17:02 Desc Main Document Page 1 of 7

Fill in this information to identify your case:					
Catherine R. Scot	it				
First Name	Middle Name	Last Name			
First Name	Middle Name	Last Name			
ankruptcy Court for the:	DISTRICT OF NEW JERS	SEY			
19-30386					
	Catherine R. Scot First Name First Name ankruptcy Court for the:	Catherine R. Scott First Name Middle Name First Name Middle Name Ankruptcy Court for the: DISTRICT OF NEW JERS	Catherine R. Scott First Name Middle Name Last Name First Name Middle Name Last Name ankruptcy Court for the: DISTRICT OF NEW JERSEY		

Check if this is an amended filing

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

Su	mmary of Your Assets and Liabilities and Certain Statistical Information		12/15
infor	s complete and accurate as possible. If two married people are filing together, both are equally responsible for mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amendo original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	r supplyin ed schedu	ig correct les after you file
Part	11: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	153,841.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	5,110.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	158,951.00
Part	2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	221,702.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	12,620.00
	Your total liabilities	\$	234,322.00
Part	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,872.67
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,900.00
Part	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
Offi	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this cial Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information		ubmit this form to page 1 of 2

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Debtor 1 Catherine R. Scott

Case number (if known) 19-30386

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$	2,992.00
-	

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cl	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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E:II	in this information	to identify your o	2001									
	in this information to otor 1	Catherine R										
	otor 2 ouse, if filing)						_					
Uni	ted States Bankrup	otcy Court for the	: DISTRICT OF NEW J	ERSEY			_					
	se number 19	-30386		-				■ Ar	if this is amende	ed filing	ng postpetitior	n chapter
	fficial Form							13		as of the fo	ollowing date	:
Be a supp sportate	as complete and a plying correct info use. If you are sep ch a separate she	occurate as poss prmation. If you parated and you	sible. If two married peo are married and not filin r spouse is not filing wi On the top of any additi	ng jointly, a ith you, do	nd your spo not include	use is inforn	s living nation a	with yabout	you, incl your spe	ude inforr ouse. If m	mation about ore space is	t your needed,
1.	Fill in your empl	loyment		Debtor 1					Debtor :	2 or non-fi	iling spouse	
	information. If you have more	than one job		☐ Emplo	ved				☐ Empl		mig spouse	
	attach a separate information about employers.	e page with	Employment status	■ Not en	•					employed		
	Include part-time self-employed wo		Occupation Employer's name	verizon								
	Occupation may or homemaker, if		Employer's address									
			How long employed the	here?					_			
Par	t 2: Give De	etails About Mor	nthly Income									
	mate monthly incuse unless you are		ate you file this form. If	you have no	thing to repo	rt for a	any line,	write	\$0 in the	space. In	clude your no	n-filing
•	u or your non-filing e space, attach a s	•	ore than one employer, co	ombine the in	nformation fo	r all ei	mployer	s for t	hat perso	on on the li	ines below. If	you need
							Fo	r Deb	tor 1		ebtor 2 or ing spouse	
2.			ry, and commissions (becalculate what the month)			2.	\$	3,	622.67	\$	N/A	-
3.	Estimate and lis	st monthly overt	ime pay.			3.	+\$		0.00	+\$	N/A	_
4	Calculate gross	Income Add lin	ne 2 ± line 3			4	\$	2 62	2 67	\$	NI/A	1

Debt	or 1	Catherine R. Scott	-	С	ase i	number (if known)	19-	30386		
						Debtor 1	no	or Debtor on-filing s	spouse	
	Cop	by line 4 here	4.		\$	3,622.67	_ \$_		N/A	<u>\</u>
5.	List	t all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a		\$	0.00	\$		N/A	١
	5b.	Mandatory contributions for retirement plans	5b		\$	0.00	\$		N/A	\
	5c.	Voluntary contributions for retirement plans	5c		\$	0.00			N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$	0.00			N/A	
	5e.	Insurance	5e		\$	0.00	- : -		N/A	_
	5f.	Domestic support obligations Union dues	5f.		\$_ \$	0.00			N/A	_
	5g. 5h.	Other deductions. Specify:	5g 5h		ֆ \$	0.00	- '-		N/A N/A	_
^		· · · · · · · · · · · · · · · · · · ·	_	٠.	Ψ—					_
6.		d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	<u> </u>	0.00			N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	;	F	3,622.67	_ \$_		N/A	<u>\</u>
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b		\$ 	0.00	- '-		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			* \$	0.00	- '-		N/A	_
	8d.		8d		\$-	0.00	- '-		N/A	
	8e.	Social Security	8e		\$	0.00			N/A	_
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g		\$ \$	0.00 0.00			N/A N/A	
	8h.	Other monthly income. Specify: tax refund	8h		\$ 	250.00			N/A	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		250.00	\$_		N/	Α
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		3,872.67 + \$		N/A	= \$	3,872.67
10.		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_		3,072.07		17/7		3,072.07
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify:	depe			•	-	Schedule	e J. +\$	0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certaillies							\$	3,872.67
13.		you expect an increase or decrease within the year after you file this form No.	?						Combi	ined Ily income
		Yes, Explain:								

Fill	in this information to identify your case:						
Deb	ctor 1 Catherine R. Scott			Che	eck if t	this is:	
<u>.</u>						amended filing	
	ouse, if filing)						ving postpetition chapter the following date:
Ì	LOUIS DE LE COUNTY DE DICTOICT OF NEW L	EDOEV				•	
Unit	ed States Bankruptcy Court for the: DISTRICT OF NEW J	ERSEY			MIM	/ DD / YYYY	
	nown) 19-30386						
Of	fficial Form 106J						
So	chedule J: Your Expenses						12/1
info	as complete and accurate as possible. If two marrie ormation. If more space is needed, attach another sh nber (if known). Answer every question.						
Par							
1.	Is this a joint case?						
	No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household	1?					
	□ No						
	☐ Yes. Debtor 2 must file Official Form 106J-	2, Expenses	for Separate Housel	hold of De	btor 2		
2.	Do you have dependents? \square No						
	Do not list Debtor 1 and Debtor 2. Yes. Fill out this info each dependent each		Dependent's relation Debtor 1 or Debtor			Dependent's age	Does dependent live with you?
	Do not state the						□ No
	dependents names.		Mother			78	Yes
							□ No □ Yes
			-				□ No
							Yes
							□ No □ Yes
3.	Do your expenses include ■ No						□ res
	expenses of people other than yourself and your dependents?						
Par							
exp	imate your expenses as of your bankruptcy filing da enses as of a date after the bankruptcy is filed. If th olicable date.						
Incl	lude expenses paid for with non-cash government a	ssistance if	you know				
the	value of such assistance and have included it on Sificial Form 106l.)					Your expe	enses
4.	The rental or home ownership expenses for your repayments and any rent for the ground or lot.	esidence. Ir	nclude first mortgage	4.	\$		1,565.00
	If not included in line 4:						
	4a. Real estate taxes			4a.	\$		0.00
	4b. Property, homeowner's, or renter's insurance			4b.	_		0.00
	4c. Home maintenance, repair, and upkeep expens4d. Homeowner's association or condominium dues			4c. 4d.	. —		0.00
5.	Additional mortgage payments for your residence		me equity loans	4u. 5.			0.00 0.00

Utilities: 6a. Electricity, heat, natural gas	6a.	¢	
6a. Electricity, heat, natural gas	6a.	¢	
· · · · · · · · · · · · · · · · · · ·	ou.		250.00
6b. Water, sewer, garbage collection	6b.	· -	55.00
6c. Telephone, cell phone, Internet, satellite, and cable services		\$	300.00
6d. Other. Specify: alarm	6d.		65.00
· · · · · · · · · · · · · · · · · · ·		· ·	
, , ,			350.00
		·	0.00
	-	· -	50.00
•		· —	50.00
•	11.	Ф	40.00
	12.	\$	125.00
		·	50.00
		· -	0.00
•	17.	Ψ	0.00
	15a.	\$	0.00
15b. Health insurance	15b.	\$	0.00
			0.00
		· -	0.00
		<u> </u>	0.00
	16.	\$	0.00
• •			0.00
	17a.	\$	0.00
			0.00
17c Other Specify			0.00
			0.00
• • •		Ψ	0.00
		\$	0.00
		\$	0.00
	19.		
	dule I: Yo	our Income.	
			0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
· ·	20d.	\$	0.00
	20e.	\$	0.00
		·	0.00
		. •	0.00
22a. Add lines 4 through 21.		\$	2,900.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	2,900.00
			.,
		•	
			3,872.67
23b. Copy your monthly expenses from line 22c above.	23b.	-\$	2,900.00
	220	\$	972.67
i ne result is your <i>monthly net income</i> .	230.		312.01
	Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l). Other payments you make to support others who do not live with you. Specify:	Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance seeducted from your pay or included in lines 4 or 20. Specify: 15d. Other insurance have deducted from your pay or included in lines 4 or 20. Specify: 15d. Other insurance seeducted from your pay or included in lines 4 or 20. Specify: 15d. Other. Specify: 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106i). 17d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: You. 20a. Mortages on other property 20b. Real estate taxes 20c. 20c. Property, homeowner's, or renter's insurance 20c. 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income. 23a. Copy your monthly expenses from line 22c above. 23b. 23b. Copy your monthly expenses from line 22c above. 23c. 23b. 23b. Copy your mon	Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. \$ Medical and dental expenses 11. \$ Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. \$ Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15g. Car payments for Vehicle 1 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other specify: 17d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20d. Montgages on other property 20a. \$ 20b. \$ 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. \$ 20ther: Specify: 21. +\$ 22c. Add lines 22a and 22b. The result is your monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add lines 22a and 22b. The result is your monthly expenses. 23a. Copy your monthly expenses from bline 22c above. 23b. Subtract your monthly expenses from line 22c above.

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Fill in this info	rmation to identify your	case:		
Debtor 1	Catherine R. Scot	tt		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	19-30386			
(if known)				Check if this is a
				amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below		
Did you pay or agree to pay someor	e who is NOT an attorney to help you fill out bankru	ptcy forms?
■ No		
Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare the that they are true and correct. X /s/ Catherine R. Scott	at I have read the summary and schedules filed with	
Catherine R. Scott Signature of Debtor 1	Signature of Debto	r 2
Date October 14, 2022	Date	